

**POLICY
BRIEF**
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Infant and Maternal Health



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The decisions and investments we make today determine whether Kansas kids have a rock-solid foundation for growth and development and are able to build upon it in decades to come. Kansas Action for Children has identified three policy areas that will transform the lives of children and families and allow our communities to thrive:

- **Affordable child care**
- **Paid family leave**
- **Infant and maternal health.**



INFANT AND MATERNAL HEALTH ESSENTIAL TO STRONG STARTS

Early access to health care increases positive outcomes for Kansas kids. While most Kansas children are healthy, they need routine health care to stay that way, especially in their beginning years. Infant and maternal health are interdependent, as infants' health outcomes are strongly correlated with the health of their mothers.¹ Children are dependent on their caretakers for nurture and stimulation. Maternal mental and physical health are central to child brain development, as mothers are the primary caregivers for infants in their beginning months when their brains are most quickly developing.^{2,3}

Despite the overwhelming research showing the importance and intersection of infant and maternal health, we know that not all infants and mothers have access to health care in the beginning year of a baby's life. While babies are likely covered under KanCare or private insurance, one in 10 new Kansas mothers are uninsured.⁴ One reason for that 10 percent uninsured rate is that current regulation says mothers eligible for health insurance under KanCare have only 60 days of coverage after the birth of their child. Given the high rates of infant and maternal mortality in the United States and the number of post-natal complications that can develop, limiting new mothers to only 60 days of KanCare coverage doesn't establish a strong foundation for health and well-being of Kansas moms and their infants.⁵

Research tells us that "poor maternal health leads to poor birth outcomes like low-birth weight, preterm birth and death."⁶ If we want to raise a strong and healthy next generation, it is not enough to only provide health care for infants and children. We must do more to increase health care coverage in our state to support women before, during, and after pregnancy.

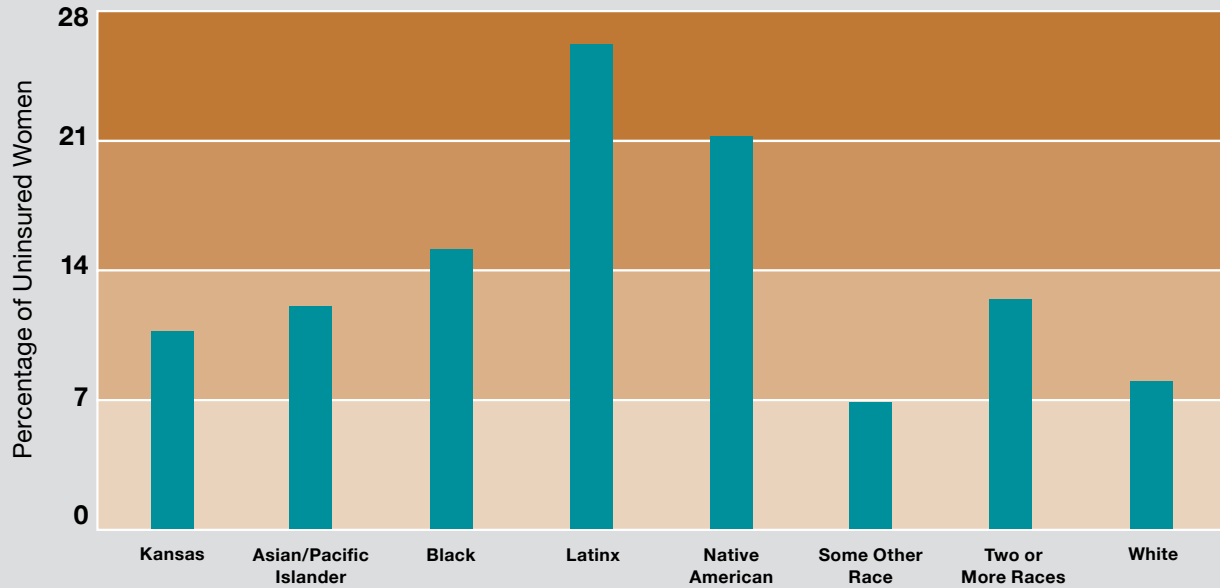
INSTITUTIONALIZED RACISM CONTRIBUTES TO POOR INFANT AND MATERNAL HEALTH

As women of color are disproportionately more likely to be low income, due to historic and current systemic barriers to economic security, they are also more likely to be uninsured.^{7,8}

Women of color make up a small percentage of the total Kansas population; roughly about one in 10 Kansans is a woman of color. However, they have much higher rates of uninsurance compared to their white counterparts. In the following chart, while white women represent a large portion of the total population (roughly 40 percent), they are least likely to be uninsured (8 percent). Conversely, women of color have small population sizes, but high rates of uninsurance. While roughly one in 10 Kansas women are uninsured, one in four Latinx women (26 percent) are without health coverage in Kansas. Similarly, one in five Native American women are without health coverage in Kansas. For Black Kansas women, 15 percent do not have health insurance.⁹

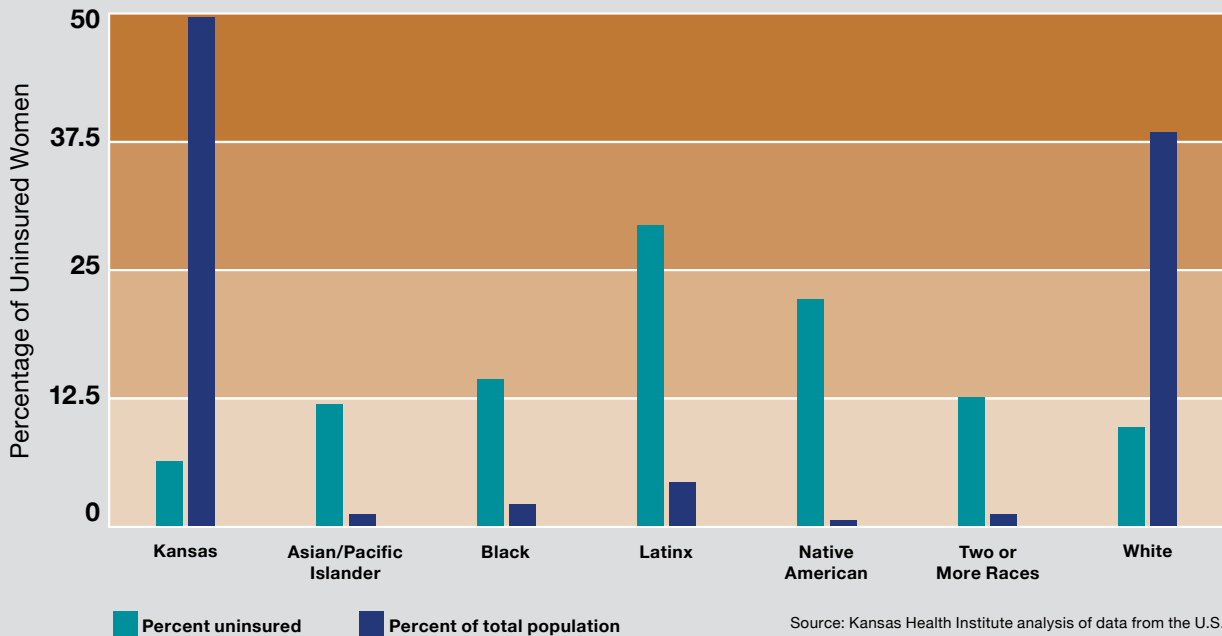


WOMEN OF COLOR MORE LIKELY TO BE WITHOUT HEALTH INSURANCE PERCENT OF KANSAS WOMEN UNINSURED BY RACE/ETHNICITY



Source: Kansas Health Institute analysis of data from the U.S. Census Bureau's American Community Survey Public Use Microdata Sample 2015 (2011-2015) 5-Year Estimates.

WOMEN OF COLOR MORE LIKELY TO BE WITHOUT HEALTH INSURANCE PERCENT OF KANSAS WOMEN UNINSURED BY RACE/ETHNICITY



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Women of color are less likely to have employer-sponsored insurance for a variety of reasons, including being more likely to have nonstandard employment and less able to afford the employee contribution.¹⁰ These barriers to health care access for women of color affect infant and maternal health for women of color.

- Black Kansas babies are more than 2.5 times more likely to die before their first birthday than their white counterparts. Stress from discrimination is a major factor in this discrepancy.^{11, 12, 13}
- Nationally, Black women are three to four times as likely, and Native American women are twice as likely to experience a pregnancy-related death than white women.^{14, 15}

Every Kansas baby and new mother should have access to quality health care, regardless of race or ethnicity.

THE PATH TO IMPROVING THE HEALTH OF KANSAS MOMS AND KIDS

If Kansas wants healthy babies, we need their mothers to be healthy before, during and after pregnancy. Making Medicaid available and accessible to low-income women and children would improve babies' odds of success in school and life.

Expand KanCare to Ensure Access to Health Care for New and Future Mothers

Every year, 50 percent of the births in the United States are covered under Medicaid.²² Despite the high rate of births covered, many mothers who receive health insurance coverage during their pregnancies and 60 days after birth through Medicaid are not able to maintain coverage.²³ In Kansas, where KanCare has not been expanded to low-income adults under the

THE IMPACT OF MATERNAL DEPRESSION ON INFANTS' DEVELOPMENT

New mothers face many joys and challenges in the beginning months of their child's life. One challenge can be **postpartum depression**. Roughly one in seven new mothers experience postpartum depression, including more than half of low-income women in urban areas.^{16, 17} While postpartum depression is a normal part of new motherhood, continued depression can jeopardize a parent's capacity to provide consistent care in a safe environment.¹⁸ When mothers do not receive treatment for their depression, it can challenge the safety and cognitive and behavioral development of young children.¹⁹ Research has found that untreated **maternal depression** weakens low-income mothers' success at work and in school as well as young children's development.²⁰ Maternal depression can affect a mother's ability to fully support her child's healthy development, which can result in negative effects on the child's learning and health.²¹ With the lack of health insurance being a barrier for mothers to receive mental health care, including treatment for postpartum depression, increasing maternal access to quality health care is essential for infant development and continued maternal mental and physical health.

Postpartum or postnatal depression, according to the American Academy of Family Physicians, is a form of depression that comes after giving birth that is severe and lasts longer than 10 days.

Maternal Depression is longer-lasting depression that happens during the first 12 months post-delivery.



Affordable Care Act, new mothers face the coverage gap, where they no longer qualify for continued KanCare enrollment but do not make enough to purchase insurance through the marketplace.²⁴ Expanding KanCare will provide health care to more new mothers and their infants. It also ensures women of child-bearing age receive consistent care before they conceive. Research shows that, in 2016, the uninsurance rate for new mothers in nonexpansion states (17.9 percent) is more than 2.5 times the rate in states that have expanded Medicaid (6.8 percent).²⁵ In addition, states that expanded Medicaid also saw a dramatic decrease in infant mortality rates compared with non-expansion states. States that expanded “reduced infant mortality rates *more than 50 percent greater* than non-expansion states.”²⁶ By expanding KanCare, Kansas policymakers can strengthen outcomes for infants and new mothers.

Cut red tape for families enrolling in or renewing KanCare

The American Academy of Pediatrics (AAP) recommends, and CHIP reiterates, eight preventive care visits for a child in the first year. It is essential that children are immediately enrolled in health coverage to access vital care to ensure proper behavioral, emotional, and physical development.²⁷ A newborn’s coverage in CHIP should be made effective on their birth date, regardless of when they enrolled in the first 90 days of life.

More can also be done to ease the application and renewal process for KanCare customers. Fewer than

half of KanCare renewals are automated. While Kansas families may report changes by telephone, they still need to sign and return the pre-populated renewal form.²⁸ The multi-step process makes completion more difficult. Increasing automatic renewals and ensuring an easy, accessible, and clear process for both applications and renewals will increase the number of children and parents receiving and maintaining coverage.

Allow maternal depression screenings during children’s well-child visits under the child’s eligibility

Thirty-two states allow for maternal depression screenings to occur during well-child visits under a child’s Medicaid eligibility, given the link between maternal health and a child’s well-being.²⁹ Under Medicaid, Kansas already allows parent-child therapy, which could serve as a resource to mothers identified with a positive screen.

Create Inclusive, Quality Care for Every Kansas Infant and New Mother

Health providers should create policies that promote patient-centered care that focuses on women’s individualized needs.³⁰ Service providers should ensure practitioners have the cultural competency needed to provide quality service to low-income mothers and mothers of color. Those who work with infants and new mothers, including health and social services, should develop strategies to eliminate cultural biases and discrimination, including creating opportunities for community leader input and reducing linguistic and cultural barriers.^{31, 32}

Increase access to home visiting programs

Home visiting programs offer services to pregnant women and new mothers to bond with their infants and help parents with skills that can improve the development of their children. Home visiting programs should be available statewide and affordable for every family. Home visiting is shown to improve infant and maternal health, which is essential for every family and community.³³ Policymakers should increase funding of high quality, evidence-based home visiting programs to bolster community health.

Families need support during their child’s first year of life and beyond. Healthy parents raise healthy children. Increasing health care access will improve maternal physical and mental health, which will cultivate child development.³⁴ The future of our state depends on the health of our youngest residents and their mothers.

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